В.

C.

SCHEDULE B (FEC Form 3)		LEODLINE	DACE OF OR	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only	one) 17	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Eddie Bernice Johnson for Congress				
Full Name (Last, First, Middle Initial) Andre Carson For Congress Mailing Address One N. Capitol Ave., Suite 200			Transaction ID: 80715.E1032 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Indianapolis	State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement FED. CONT. HOUSE;DIST 7;IN Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: 2008 Primary X General Other (specify)	. 1/40		
Full Name (Last, First, Middle Initial) Childers For Congress			Transaction ID: 80715.E1042 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 200 North A Street			05 07 2008	
City Booneville	State Zip Code MS 38829-		Amount of Each Disbursement this Period	
Purpose of Disbursement FED. CONT. HOUSE; DIST.1;MS Candidate Name Category/ Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: 2008 Primary X General Other (specify)	. , , , ,		
Full Name (Last, First, Middle Initial)			Transaction ID: 80715.E1051	
Dem. Cong. Camp. Com. DCCC Mailing Address 430 South Capitol Street. SE			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION Candidate Name Category/			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President	ement For: 2008 Primary X General Other (specify)	Туре	11 C.I .n. 400.33	
State: District:				
SUBTOTAL of Disbursements This Page (optional)			14000.00	

TOTAL This Period (last page this line number only)

14000.00